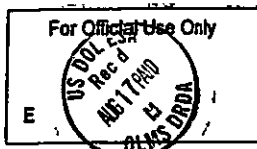


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9031</u>	2 Fiscal Year Covered From. <u>01</u> / <u>01</u> / <u>2004</u> Through. <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Steve</u> <u>E</u> <u>Johnson</u> P O Box Bldg Room No If any _____ Street <u>300 S Grand</u> City <u>St Louis</u> State <u>MO</u> ZIP Code + 4 <u>63108</u>	4 Name file number and address of labor organization. Name <u>Teamsters Local 688</u> Labor Organization File Number <u>025-711</u> P O Box Building and Room Number If any _____ Street <u>300 S Grand</u> City <u>St Louis</u> State <u>MO</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization <u>Organizer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (Including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income. _____ 7 b. Amount. _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

08-12-05
Date

314-658-5130
Telephone Number

Name of Person Filing Steve Johnson

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name American Income Life Insurance CoTrade Name if any P O Box, Bldg Room No if any P.O. Box 2608Street City WacoState Texas ZIP Code + 4 76797

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

11 a Nature of such dealing

Insurance company markets policies to Union members and their families by having information about no-cost and other available coverage mailed by the Union to its membership. The insurance company has no direct contact with Union members.

11 b Approximate dollar value of such dealing

unknown

12 a Nature of interest held or income received

No-cost accidental death insurance policy (death benefit \$2000) as is made available to all members of Teamsters Local 688.

12 b Amount

unknown

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.



Signature

08-12-05

Date